2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M02000002713

1. Entity Name
HERITAGE-CRYSTAL CLEAN, LLC

Principal Place of Business	Mailing Address
5400 W. 8TH STREET	5400 W. 8TH STREET
INDIANAPOLIS, IN 46268	INDIANAPOLIS, IN 46268

DO NOT WRITE IN THIS SPACE

09202004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
35-2083150	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by September 8, 2004

U00000172476
09/23/04-80001-012 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	THE HERITAGE GROUP
STREET ADDRESS	5400 W. 8TH STREET
CITY-ST-ZIP	INDIANAPOLIS, IN 46268
TITLE	MGRM
NAME	3571645 CANADA INC.
STREET ADDRESS	101 UPPER BELLEVUE
CITY-ST-ZIP	WEST MOUNT QUEBEC CANADA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _John P. Vennuyse_   VP   09-20-04   317-872-6010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #